

# ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: MERASTAR INSURANCE COMPANY  
 NAIC Number: 31968  
 Name of Advisory Organization Whose Filing You are Referencing N/A  
 Co. Affiliation to Advisory Organization: Member \_\_\_\_\_ Subscriber \_\_\_\_\_ Service Purchaser \_\_\_\_\_  
 Reference Filing #: \_\_\_\_\_ Proposed Effective Date: 11/01/2005

Contact Person: Jennifer Nei  
 Signature: \_\_\_\_\_  
 Telephone No: 423-296-7904

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Private Passenger Auto							
Bodily Injury	+4.0%	-1.9%					
Property Damage	+4.8%	-1.8%					
No-Fault	+166.8%	-2.2%					
Medical Payments	+208.6%	-4.0%					
Comprehensive	-51.2%	-2.1%					
Collision	-39.5%	-1.8%					
Uninsured Motorist	+132.8%	0.0%					
<b>TOTAL OVERALL EFFECT</b>	<b>-1.3%</b>	<b>-1.8%</b>					

N Apply Lost Cost Factors to Future Filings? (Y or N)  
+6.1% Estimated Maximum Rate Increase for any Arkansas Insured (%)  
-25.0% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

Selected Provisions

		5 Year History		Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio		
Year	Policy Count	Rate Change History % Eff. Date	AR Earned Premium (000)					
2000	704	+5.19 02/01/2001	238	345	1.452	0.861	A. Total Production Expense	7.7%
2001	645	+7.99 06/15/2001	818	1249	1.528	0.997	B. General Expense	13.0%
2002	383	+9.10 05/15/2002	591	385	0.651	0.811	C. Taxes, License & Fees	4.0%
2003	51	+5.67 07/01/2003	154	25	0.164	0.770	D. Underwriting Profit & Contingencies	2.0%
2004	55	0.00 08/01/2004	93	46	0.495	0.712	E. Other (explain)	
							F. TOTAL	26.7%